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**CONFIRMATION NO. 2710**

<b>SERIAL NUMBER</b> 10/786,258	<b>FILING DATE</b> 02/25/2004  <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2834	<b>ATTORNEY DOCKET NO.</b> BP3005					
<b>APPLICANTS</b>  Baoguo Yang, Iselin, NJ;  Nelson Sollenberger, Farmingdale, NJ;									
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/478,922 06/16/2003 <div style="text-align: center; margin-top: 10px;">CO</div>									
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center; margin-top: 10px;">N/A</div>									
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/18/2004</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Examiner's Signature</div> <div>Initials</div> </div> </td> <td style="width: 15%; vertical-align: top;"> <b>STATE OR COUNTRY</b>            NJ         </td> <td style="width: 15%; vertical-align: top;"> <b>SHEETS DRAWING</b>            11         </td> <td style="width: 15%; vertical-align: top;"> <b>TOTAL CLAIMS</b>            37         </td> <td style="width: 15%; vertical-align: top;"> <b>INDEPENDENT CLAIMS</b>            6         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Examiner's Signature</div> <div>Initials</div> </div>	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 6
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<b>ADDRESS</b> Robert A. McLaughlan P.O. Box 160727 Austin , TX 78716-0727									
<b>TITLE</b> System and method to identify a modulation format of a data frame within a cellular wireless network									
<b>FILING FEE RECEIVED</b> 1334	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )							